


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90025 046 ****61.25

DOCUMENT # 750704 1. Entity Name VILLAGE OF PEPPERTREE CONDOMINIUM III ASSOCIATION, INC.	
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Principal Place of Business PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33437 US	Mailing Address PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33437 US
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04022007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1969955	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHARWAT, ARTHUR 19674 SAWGRASS DR 6102 BOCA RATON, FL 33434	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHARWAT, ARTHUR 19674 SAWGRASS DR #6102 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEADOW, CHARLES 19590 SAWGRASS DR #2504 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD CITRIN, LESTER 19560 SAWGRASS DR #2204 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD SILVERMAN, MICHAEL 19590 SAWGRASS DR #2501 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETERMAN, JAMES 19610 SAWGRASS CIRCLE, # 2704 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X* *Arthur Charwat* *ARTHUR CHARWAT* *X* *APRIL 5, 2007*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #